

**Getting to Know Your Child!**  
**Creekside Middle School Dance Program – Ms. Wade**

**Parents/Guardians:** Please complete this form about your child and return it to school as soon as possible.

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home E-mail** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**Best time to be reached:** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home E-mail** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**Best time to be reached:** \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home E-mail** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**Best time to be reached:** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

**Medical Concerns/Allergies/etc.** (Please explain.):

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**Academic Concerns:**

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**Social Concerns:**

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**Other Concerns:**

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Thank you so much for helping make this a successful school year! ~Ms. Wade